 *Instructions:* Please refer to the accident checklist for step by step instructions on how to handle and injury/illness on a job site. **Please fill this form out in its entirety. There is information on this form that I cannot get elsewhere for the OSHA Log requirements.** Thank you for your assistance.

**Supervisor’s Accident Report**

|  |  |  |
| --- | --- | --- |
| Location where accident occurred: (ie dock or stage etc)Was injury promptly reported? | Venue:Load in date:Load out date: | Date of accident: |
| Time of accident: am pm |
| Who was injured? | Was first aid provided?By whom?Phone # | Time shift began:Time shift was to end: |
| What was employee doing when injury/illness occurred? |
| How did injury occur? (Please be as specific as possible) |
| Why did it happen? |
|  |
| Part of body affected/injured:Any prior physical conditions? | What equipment was involved and/or damaged? |
| Nature and extent of injuries: (Please be as specific as possible) |

PLEASE INDICATE ALL OF THE FOLLOWING WHICH CONTRIBUTED TO THE INJURY OR ILLNESS

|  |  |  |
| --- | --- | --- |
| \_\_\_ Failure to lockout\_\_\_ Failure to secure\_\_\_ Horseplay\_\_\_ Improper dress\_\_\_ Improper guarding\_\_\_ Improper instruction | \_\_\_ Improper maintenance\_\_\_ Improper protective equipment\_\_\_ Inoperative safety device\_\_\_ Lack of training or skill\_\_\_ Operating without authority\_\_\_ Physical or mental impairment | \_\_\_ Poor Housekeeping\_\_\_ Poor Ventilation\_\_\_ Unsafe arrangement or process\_\_\_ Unsafe equipment\_\_\_ Unsafe Position\_\_\_ Other |
| What should be done to ensure this type of accident does not recur: |
| Supervisors Name | Supervisors Signature | Phone # | Date |

ONCE FORM IS COMPLETED FAX TO: (801)328-1307 or E-MAIL: julie@utpgroup.com